IDAHO STATE DEPARTMENT OF AGRICULTURE
ORGANIC HANDLER PLAN

DATE_____

COMPANY NAME_____

CONTACT NAME_____

ADDRESS_____

COUNTY_____ PHONE_____

FAX_____ EMAIL_____

Please complete the following as it pertains to your operation (ALL INFORMATION IS REQUIRED, PLEASE ATTACH YOUR DOCUMENTATION IF ADDITIONAL SPACE IS NEEDED).

PRODUCTS REQUESTED FOR CERTIFICATION	INGREDIENTS	*LABELING

*Indicate whether the product is labeled as 100% Organic, Organic or Made with Organic Ingredients and submit label for approval

A.   ORGANIC HANDLING/PROCESSING SYSTEM

    1. Describe your handling operation and your handling and/or processing procedures._____

    _____

    _____

    _____

    _____

    2. Describe your clean-up procedures_____

    _____

    _____

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3. Attach a floor plan and schematic flow chart showing the movement of certified organic food during handling and processing. Show all equipment/machinery and packaging/storage areas used from the time the certified organic food is received until it is shipped

B.   ASSURANCE OF ORGANIC INTEGRITY

1. Describe your use of a Hazard Analysis Critical Control Point (HACCP) system to assure the integrity of the certified organic food(s) in your operation. (Hazards may include segregation from non-organic product, packaging materials, contact with prohibited materials, transportation and storage, food spoilage microorganisms, etc.)

2. Describe any other Quality Control personnel or procedures you employ

C.   MATERIAL INPUTS

1. List all certified organic ingredients, non-organic ingredients and processing aids used in your handling operation

2. Describe your procedure for documenting that the non-organic agricultural products you use as ingredients are not commercially available in certified organic form

3. Describe your water source, how it is used in your operation and any water quality issues encountered

D.   AUDIT TRAIL/RECORD KEEPING

1.   Describe your system of internal record keeping for documentation of the movement of each specific lot of organic food through each step in your process, including your batch and/or lot numbering and coding system

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2.   What specific documents comprise your audit trail?_____

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E.   PEST MANAGEMENT

1.   Describe the insect/rodent problems you encounter in your handling/processing operation_____

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2.   Describe the insect/rodent monitoring techniques and control methods you use_____

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F.   OTHER INFORMATION PERTAINING TO YOUR ORGANIC APPLICATION

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I affirm that all statements made on this form are true and correct.

Handler/Processor Signature_____Date_____